

# **EXHIBIT B**



**OFFICE OF THE SECRETARY OF STATE**  
**JESSE WHITE-Secretary of State**

0293444-2  
JUNE 02, 2020

RL@LIEBOWITZLAWFIRM.COM

RE CONSEQUENCE HOLDINGS, LLC

DEAR SIR OR MADAM:

ENCLOSED PLEASE FIND THE CERTIFIED COPY REQUESTED CONCERNING THE ABOVE REFERENCED LIMITED LIABILITY COMPANY.

THE ATTACHED WAS ASSIGNED AUTHENTICATION NUMBER 2015402227.

THE REQUIRED FEE IS HEREBY ACKNOWLEDGED.

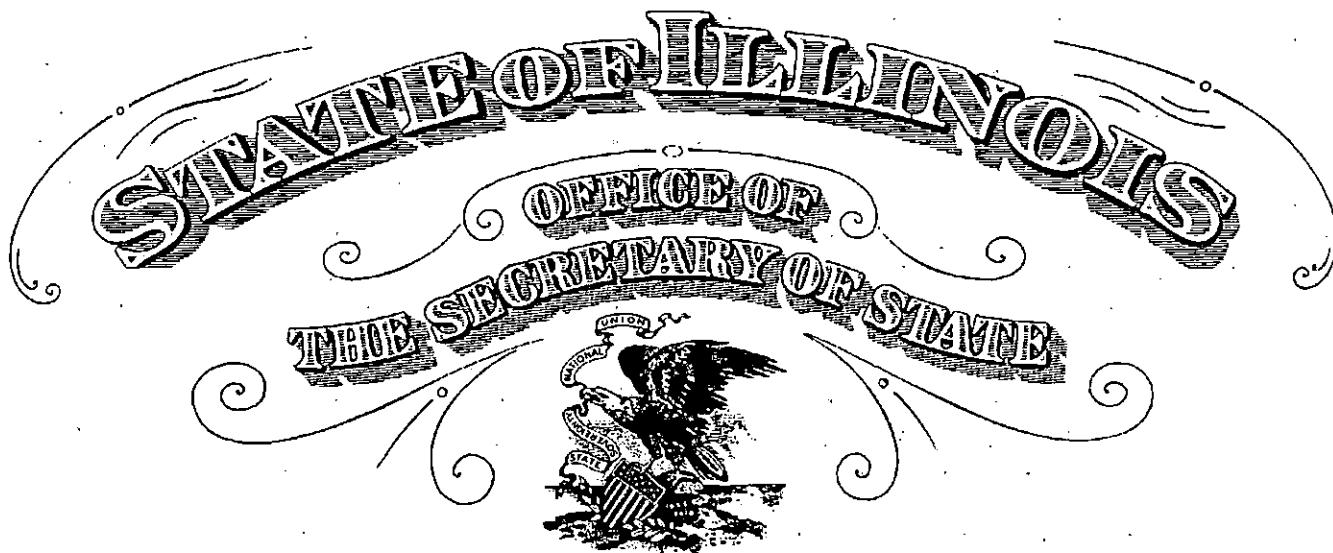
SINCERELY YOURS,

JESSE WHITE  
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES  
LIMITED LIABILITY COMPANY DIVISION  
TELEPHONE: (217) 524-8008

JW:LLC

File Number 0293444-2



***To all to whom these Presents Shall Come, Greeting:***

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

*ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 1 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR CONSEQUENCE HOLDINGS, LLC.*

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of JUNE A.D. 2020.***



Authentication #: 2015402227 verifiable until 06/02/2021.

Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*  
SECRETARY OF STATE

Form <b>LLC-35.40/ 45.65</b>	July 2017	Illinois Limited Liability Company Act Application for Reinstatement Following Administrative Dissolution or Revocation	FILE # 02934442 This space for use by Secretary of State.
Secretary of State Department of Business Services Limited Liability Division 501 S. Second St., Rm. 351 Springfield, IL 62756 217-524-8008 www.cyberdriveillinois.com	<b>SUBMIT IN DUPLICATE</b> Type or print clearly.  Filing Fee: \$200 Approved: <i>W</i>		
Total payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order payable to Secretary of State.	 LC0351260		

1. Limited Liability Company name as of the date of issuance of Notice of Dissolution or Revocation:

Consequence Holdings, LLC

2. If applicable, new name of Limited Liability Company (Form LLC 5.25 or LLC 45.25 must accompany this application):

3. State of organization: Illinois

4. Date Notice of Dissolution or Revocation issued: 08/09/2019

5. Registered agent: National Registered Agents, Inc.

First Name	Middle Initial	Last Name
200	West Adams Street	
Number	Street	Suite #
Chicago	IL	60606
City	ZIP Code	

Note: If the registered agent and/or office address has changed since dissolution or revocation, complete form LLC 1.36/1.37 and submit with this application.

This application is accompanied by all amendments necessary to change, add or remove an existing provision, by all delinquent reports, information requirements and registrations due and therefore becoming due, together with all fees and penalties required.

I affirm under penalties of perjury, having authority to sign hereto, that this application for reinstatement is to the best of my knowledge and belief, true, correct and complete.

**PAID**  
JAN 21 2020  
DEPARTMENT OF  
BUSINESS SERVICES

Dated: 01/07, 2020  
Monthly/Day Year  
*Alex Young*  
Signature  
Alexander Young, Manager  
Name and Title (type or print)  
Consequence Holdings, LLC  
If applicant is signing for a company or other entity,  
state name of company or entity.